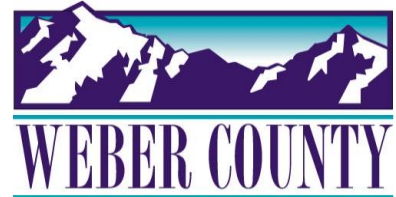


**Ricky Hatch, CPA**  
**Weber County Clerk/Auditor**  
2380 Washington Blvd., Suite 320  
Ogden, UT 84401-1456  
Phone: (801) 399-8400



## **Exemption Application**

This application is for exemption from ad-valorem property tax, as enacted by the Utah Legislature (see UCA § 59-2-1101). Please answer all questions thoroughly. Failure to supply all the information may result in a denial of exemption. The Board of Equalization reserves the right to request additional information or require a representative of the property owner to appear in person and give sworn testimony regarding applicant's claim for exemption.

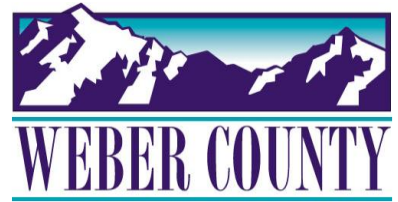
Please submit copies of the following documents with your application:

- A) Articles of Incorporation of the nonprofit entity
- B) Current bylaws and/or organization information
- C) Most recently filed tax returns or reports to the Internal Revenue Service (IRS) reflecting the use of the property (Not required if your organization is a church)
- D) Financial information related to use of the property (balance sheets, profit/loss, income statements, or any other applicable statements)
- E) Letter from the IRS acknowledging your exemption under section 501(c) of the Internal Revenue Code

Please return the application and other required documents to the address listed at the top of this page. If you have any questions, contact April Hatfield at (801) 399-8112 or [ahatfield@webercountyutah.gov](mailto:ahatfield@webercountyutah.gov).

Office use only

Org # \_\_\_\_\_ Year/Initial App \_\_\_\_\_



1. Organization Name: \_\_\_\_\_

Organization Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Name of Property Owner: \_\_\_\_\_

Address of Property Owner: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Contact Email: \_\_\_\_\_

2. Please identify the constitutionally defined category you qualify for exemption under:

☐ Religious

☐ Educational

☐ Charitable

☐ Other (Please explain) \_\_\_\_\_

3. Purpose for which the non-profit entity is organized: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SCHEDULE A- REAL PROPERTY**  
**(If any owned by the applying organization)**

1. Real Property Parcel Information (add additional pages as necessary):

Parcel Number	Date Acquired	Date Nonprofit Use Began
A.		
B.		
C.		

2. Please supply a current photograph of each property.

3. Briefly describe all improvements on each property (such as buildings or other physical structures):

- A. \_\_\_\_\_
- B. \_\_\_\_\_
- C. \_\_\_\_\_

4. When did nonprofit use begin **and** has the nonprofit use, activity, and function continued without interruption since the nonprofit use began? If not, please explain.

\_\_\_\_\_

\_\_\_\_\_

5. Is this property used **exclusively** for nonprofit activities? If not, please describe all other uses and what portions of the property are used for nonprofit activities. (Add additional pages if necessary.)

\_\_\_\_\_

\_\_\_\_\_

6. Do you rent out, or lease, any part of the property, buildings, or structures? **Y** **N**  
**If No**, please skip to #8. **If Yes**, please answer the following questions.

A. Name and address of lessee or renter. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

B. Describe the portion being rented or leased. \_\_\_\_\_

\_\_\_\_\_

C. What do you receive as payment? \_\_\_\_\_

D. How is the amount of payment determined? \_\_\_\_\_

\_\_\_\_\_

7. Do any shareholders, owners, or other members of the nonprofit benefit from any of the net earnings, products, or services received from the rental/lease of the property? (Please describe in detail.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. What amount of net earnings or products did the use of your property create last year?

\_\_\_\_\_

9. How much of the amount in #8 was used directly for charitable purposes? (Please explain in detail the nature of the direct charitable use) \_\_\_\_\_

\_\_\_\_\_

10. Does the nonprofit entity provide a significant service to others without the immediate expectation of material award? (Please explain) \_\_\_\_\_

\_\_\_\_\_

11. Are the beneficiaries of the charity unrestricted? If restricted, please explain how the restriction supports the entity's charitable objectives. \_\_\_\_\_

\_\_\_\_\_

12. Does anyone receive compensation (wages, goods, services or other benefits) for services rendered with respect to the use of the property? **If NO, skip to item 13, If YES, please describe in detail.**

\_\_\_\_\_

\_\_\_\_\_

For each person receiving compensation, please describe their relationship to the owners of the property. (Is s/he an officer, trustee, director, shareholder, lessor, member, employee or contributor?)

A. Persons or organizations benefitted: \_\_\_\_\_

\_\_\_\_\_

B. The amounts of such benefits: \_\_\_\_\_

\_\_\_\_\_

C. How these people or organizations were selected to be a recipient: \_\_\_\_\_

\_\_\_\_\_

13. If the use of the property did not create profits or net earnings, but resulted in benefits to any person or organization, please explain: \_\_\_\_\_

\_\_\_\_\_

14. If the property does not produce income, please describe in detail how the use of the property is supported. (Such as donations, grants, etc.): \_\_\_\_\_

\_\_\_\_\_

## SCHEDULE B - PERSONAL PROPERTY

1. Please complete the following table for all owned personal property for which exemption is requested. Be certain to check the box which best describes the property. This list should also include property that you rent or lease to another party. (Two examples have been provided.)

Item	Date Acquired (MM/YR)	Value	Furniture, Merchandise, Fixtures	Machinery & Equipment	Other Personal Property	Is This Property Rented/Leased? ** Y or N **
<i>Stove</i>	<i>04/16</i>	<i>\$8,500</i>		<i>X</i>		<i>N</i>
<i>Chairs</i>	<i>12/13</i>	<i>\$800</i>	<i>X</i>			<i>Y</i>

2. Please list all owned mobile personal property such as: motor vehicles, motorcycles, scooters, bikes, campers, motor homes, travel trailers, and recreational vehicles. (Two examples have been provided.)

Year	Make	Model	Type of Vehicle	Vehicle I.D. Number (VIN #)
<i>1965</i>	<i>Dodge</i>	<i>Caravan</i>	<i>Passenger</i>	<i>123AB45678CD90</i>
<i>2005</i>	<i>Yamaha</i>	<i>Bonneville</i>	<i>Street Motorcycle</i>	<i>YD564852</i>

(Choice for "TYPE of Vehicle" would include: Passenger Vehicle, Small Motor Vehicle, Personal Watercraft, Other Trailer (Non Commercial), Off-Highway Recreational Vehicle, Street Motorcycle, Travel Trailer, Tent Trailer, Truck Camper, Boat)

\*\*If any of the above personal property is rented or leased to another party (marked with *Y*), please provide the contact information (Name, Address, Telephone Number) of the lessee or renter below:

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I certify that all the information contained in this application is true and agree this information is submitted to the Weber County Board of Equalization to grant exempt status to the organization.

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_